

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>01696663</i>	FILING DATE <i>10-25-00</i>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16	✓	✓					66						
17		✓					67						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>2</i>	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	<i>15</i>	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	<i>17</i>						TOTAL CLAIMS						